

Well Compensation Program Itemized Statement Sheet For:

Form 8700-175 (R 4/04)

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☐ Grant Application
☐ Grant Payment

Claimant Name	Claim No.
Name of Person Completing this Estimate	
Address - Street or Route	
City, State, Zip Code	
Telephone Number (Include Area Code)	

Notice: This form is authorized by s. 281.75, Wis. Stats., and ch. NR 123, Wis. Adm. Code. Completion of this form is mandatory. Failure to submit a completed form to the Department of Natural Resources will result in the denial of grant funds. Personally identifiable information collected on this form will be used for program administration and may be made available to requesters under Wisconsin's Open Records laws (ss. 19.31-19.39, Wis. Stats.) and requirements.

If you have questions concerning this form, contact the Bureau of Community Financial Assistance at (608) 266-7555 or the Bureau of Drinking Water and Groundwater at (608) 266-0821.

A. Well Construction Costs		Estimate (Completed by Contractor or DNR)	Approved Eligible Costs (Completed by DNR-Central Office Grant Manager Only)
1. Setup and Administrative Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No		Total \$
2. Upper Enlarged Drillhole With Temporary Outer Casing in Unconsolidated Formations		Feet	Feet @ \$
		Dia.	Dia. Total \$
3. Upper Enlarged Drillhole Without Temporary Outer Casing in Unconsolidated Formations		Feet	Feet @ \$
		Dia.	Dia. Total \$
4. Drillhole Without Temporary Outer Casing in Unconsolidated Formations		Feet	Feet @ \$
		Dia.	Dia. Total \$
5. Upper Enlarged Drillhole in Bedrock Formations:			
	Limestone (Dolomite)	Feet	Feet @ \$
	Sandstone	Feet	Feet @ \$
	Shale	Feet	Feet @ \$
	Crystalline Bedrock (Granite, Quartzite, Trap Rock, etc.)	Feet	Feet @ \$
		Dia.	Dia. Total \$
6. Lower Open Drillhole in Bedrock Formations:			
	Limestone (Dolomite)	Feet	Feet @ \$
	Sandstone	Feet	Feet @ \$
	Shale	Feet	Feet @ \$
	Crystalline (Granite, Quartzite, etc.)	Feet	Feet @ \$
		Dia.	Dia. Total \$
7. Well Casing Pipe		Feet	Feet @ \$
	<input type="checkbox"/> Steel Well Casing <input type="checkbox"/> Polyvinyl Chloride (PVC) Well Casing	Dia.	Dia. Total \$
8. Well Screen - Includes Packer, etc. (must be continuous-slot screen)		Feet	Feet @ \$
		Dia.	Dia. Total \$
9. Driven-Point (Sand Point) Well		Feet	Feet @ \$
		Dia.	Dia. Total \$
10. Driven-Point (Sand Point) Screen		Feet	Feet @ \$
		Dia.	Dia. Total \$
11. Neat Cement Grout		Sacks	Sacks @ \$
			Total \$
12. Concrete Grout (sand-cement grout)		Sacks	Sacks @ \$
			Total \$
13. Grout Shoe	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dia.
		Dia.	Total \$

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A. Well Construction Costs (cont'd)	Estimate (Completed by Contractor or DNR)	Approved Eligible Costs (Completed by DNR-Central Office Grant Manager Only)
14. Drive Shoe	<input type="checkbox"/> Yes <input type="checkbox"/> No Dia.	Dia. Total \$
15. Well Development (Eligible Only For Wells Developed in Unconsolidated Formations)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
16. Test Pumping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
17. Disinfecting and Flushing Well or Discharge Piping System or Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
18. Hydrofracturing (must be approved in advance by Central Office DNR)	Total \$	Total \$
19. Well Abandonment Sacks of Cement or Bentonite Chips # _____ \$ _____	Set-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
B. Pump Installation Costs		
1. Removal of an Existing Well Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
2. Reinstallation of an Existing Well Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
3. Installation of a New Well Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No Pump Horsepower: _____ h.p.	Pump Horsepower: Total \$
4. Installation of Pump Wire including Electrical Conduit Pipe	Feet	Feet @ \$ Total \$
5. Installation of Pump Column Within the Well (Thermoplastic pipe must be rated for a minimum of 160 psi.)	Material Type: Feet Dia.	Material Type: Feet @ \$ Total \$
6. Installation of Pump Discharge, Suction, Pressurized, or Non-pressurized conduit Piping Between the Well and the Pressure Tank (Thermoplastic pipe must be rated for a minimum of 160 psi.)	Material Type: Feet Dia.	Material Type: Feet @ \$ Total \$
7. Excavation Costs for Installing Piping from Number 6 Above	Feet	Feet @ \$ Total \$
8. Installation of a Seal-Cross Fitting, Flange-Adapter or Other Similar Approved Pressure Fitting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
9. Installation of a Packer-Jet Assembly in Well	<input type="checkbox"/> Packer-Jet Assembly Unit <input type="checkbox"/> Two Pipe Jet Unit	Total \$ Total \$
10. Installation of a Vermin-Proof Well Cap or Well Seal	<input type="checkbox"/> Yes <input type="checkbox"/> No Casing Diameter:	Casing Diameter: Total \$
11. Installation of a Weld-on Pitless Adapter	<input type="checkbox"/> Yes <input type="checkbox"/> No Casing Diameter:	Casing Diameter: Total \$
12. Installation of a Clamp-on or Bolt-on Pitless Adapter	<input type="checkbox"/> Yes <input type="checkbox"/> No Casing Diameter:	Casing Diameter: Total \$
13. Installation of a Bolt-through Pitless Adapter (only allowed for uncons. formation wells with permanent screen)	<input type="checkbox"/> Yes <input type="checkbox"/> No Casing Diameter:	Casing Diameter: Total \$
14. Installation of a Factory-Assembled Pitless Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No Casing Diameter:	Casing Diameter: Total \$
15. Installation of an Above-Ground Pressure Tank Including Pressure Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No Equivalent Tank Volume: Gal.	Tank Size: Gal. Total \$
16. Installation of a Buried Pressure Tank Including Pressure Switch and Air Unloader	<input type="checkbox"/> Yes <input type="checkbox"/> No Gross Tank Volume: Gal.	Tank Size: Gal. Total \$

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B. Pump Installation Costs (cont'd)	Estimate (Completed by Contractor or DNR)	Approved Eligible Costs (Completed by DNR-Central Office Grant Manager Only)
17. Installation of a Pitless Receiver Tank Including Pressure Switch and Air Unloader	<input type="checkbox"/> Yes <input type="checkbox"/> No Casing Diameter: Gross Tank Volume: Gal.	Casing Diameter: Tank Size: Gal. Total \$
18. Installation of a Freeze-Proof Above-Ground Discharge Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No Casing Diameter:	Casing Diameter: Total \$
19. Installation of a Pumphouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
20. Installation of a Sampling Faucet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
21. Collection and Test Analysis of a Water Sample for Coliform and <i>e-coli</i> Bacteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$
C. Other Costs	<div style="display: flex; justify-content: space-around;"> Yes No </div>	
1. Landscape Work	Trench Repair <input type="checkbox"/> <input type="checkbox"/> Sidewalk Repair <input type="checkbox"/> <input type="checkbox"/> Driveway Repair <input type="checkbox"/> <input type="checkbox"/>	\$ \$ \$ Total \$
2. Water Sample Analysis for Determining Chemical Contamination for Existing or Replacement Well (Attach copies of lab results)	Number of Samples:	Number of Samples: Total \$
3. Alternate Water Supply	<input type="checkbox"/> Bottled Water <input type="checkbox"/> Bulk Water Gal./Week: No. of Weeks:	Total \$
D. Cost of Connection to Public or Private Water System	Feet @ \$	Feet @ \$
1. Distribution Main-Front Footage	Total \$	Total \$
2. Lateral Piping to Property Line	Total \$	Total \$
3. Lateral Piping From Property Line to House	Feet @ \$	Feet @ \$
4. Internal Plumbing (Piping, Fixtures & Appurtenances)	Total \$	Total \$
5. Water Meter & Installation	Total \$	Total \$
6. Other (explain on back)	Total \$	Total \$
E. Costs for Approved Treatment Equipment (Eligible <u>only</u> if all other alternatives are not feasible)		
1. Approved Treatment Device Manufacturer _____ Unit Description/ID # _____ Purchase Price Installed:	Total \$	Total \$
2. Other Treatment Equipment Related Costs (explain on back)	Total \$	Total \$
F. Other Costs Not Listed Above Describe on back	Total \$	Total \$
Total Costs	\$	\$
	Grant %	X .75
Total Award or Payment (\$9,000 Maximum State Cost Share)		\$